



FOR INFORMATIONAL PURPOSES
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CONTACT: (916) 445-4950

CDCR's Medical Treatment for Inmates

BACKGROUND

In the 2001 federal class-action lawsuit now known as *Plata vs. Brown* inmate attorneys alleged that the California Department of Corrections and Rehabilitation (CDCR) was not adequately providing medical care to inmates which amounted to cruel and unusual punishment, a violation of the 8th Amendment.

In 2002, the State settled the lawsuit by agreeing to reform the system. On October 3, 2005 the court appointed a federal Receiver to oversee the reform process. Once the court determines that CDCR is providing, and will continue to provide, an adequate level of medical care to state prison inmates it will return control to the State, and the Receivership will end.

Between September 2008 and April 2013 California's Office of the Inspector General (OIG) conducted three rounds of evaluations of the medical facilities, staffing and services at all 33 prisons. In the first round of medical evaluations the overall state average was 74.7 percent, which is defined as "low adherence to policies and procedures." By the third round of OIG evaluations completed in April 2013 the overall state average was 86.9 percent, defined as "high adherence."

Due to significant reductions in the state prison inmate population and vast improvements in medical care, CDCR filed a motion in January 2013 to the U.S. District Court seeking to terminate the *Plata* lawsuit. In April, the court denied California's motion and stated on-going improvements are needed.

Medical expenditures for state prison inmates hit a high of \$1.9 billion in fiscal year 2008-2009. In fiscal year 2012-2013 expenditures are expected to be \$1.5 billion.

IMPROVEMENTS IN FIVE IDENTIFIED AREAS

- A. Ensure Inmates Receive Timely Access to Health Care Services
 - a. Redesigned and standardized health screening and assessment processes upon an inmate's reception as well as release.
 - b. Established appropriate staffing and fully implemented Health Care Access Units for inmates at all CDCR institutions.
 - c. Testing is in progress for medical, mental health, and dental scheduling systems, and implementation planning is underway as of May 2013.
- B. Establish a Full Continuum of Health Care Services
 - a. Improved chronic care system to support proactive, planned medical care.

- b. Developed and implemented training and certification standards for all clinical staff to improve emergency response and reduce preventable inmate deaths.
 - c. Improved inmate access to specialty care.
- C. Recruit, Train and Retain a Professional Quality Medical Care Workforce
 - a. There is currently a less than 10 percent vacancy rate for physicians, physician assistants, nurse practitioners, nursing, and pharmacy staff for all 33 California prisons.
- D. Implement Quality Improvement Programs
 - a. In May 2012, a statewide Patient Safety Program was implemented.
 - b. Established an inmate Health Care Appeals process.
 - c. Established a staff peer review process.
 - d. Monthly production of a Health Care Services Dashboard which is used to identify areas for improvement.
- E. Establish Medical Support/Allied Health Infrastructure
 - a. Developed a comprehensive, safe and efficient pharmacy program with central-fill pharmacy and improved policies and practices at each institution.
 - b. Developed a central inmate clinical data system which is available to all institutions.
 - c. Expanded and upgraded CDCR's telemedicine technology.
 - d. Continuing improvements in radiology and laboratory services.

CONSTRUCTION PROJECTS

Projects in Progress

- A. California Health Care Facility in Stockton
 - a. Total of 1,722 beds, 1,622 will be specialized housing beds for a population of seriously and chronically medically ill inmates requiring long term care.
- B. DeWitt Nelson Youth Correctional Facility in Stockton
 - a. Total of 1,133 beds
 - b. 953 of those beds will be health care beds, including 528 beds for specialized general population inmates requiring an intermediate level of care.

Health Care Facility Improvement Program (HCFIP)

Upgrades in existing prisons to ensure adequate clinical and support service spaces are available to meet the treatment needs of inmate patients. These improvements will address the facility needs of outpatient medical care through the entire adult prison system.

- A. Will first target 11 intermediate care prisons where inmates require more intensive medical care.
 - a. Improvements focus on:
 - i. Infection control by providing more sinks and separation of clean and soiled supplies.
 - ii. Physical separations necessary to provide inmate-patient privacy with nursing and physician staff.

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